

AO 435 AZ Form (Rev. 3/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER			FOR COURT USE ONLY DUE DATE:	
1. NAME Daniel J. Quigley			2. PHONE NUMBER (520) 867-4450		3. DATE April 30, 2019	
4. FIRM NAME Daniel J. Quigley, PLC						
5. MAILING ADDRESS 5425 E. Broadway Blvd., Suite 352			6. CITY Tucson	7. STATE AZ	8. ZIP CODE 85711	
9. CASE NUMBER 2:18-cr-00422		10. JUDGE Brnovich		DATES OF PROCEEDINGS 11. _____ 12. _____		
13. CASE NAME United States v. Lacey, et al.			LOCATION OF PROCEEDINGS 14. Phoenix 15. STATE AZ			
16. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)						
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Status Hearing/Motion		April 23, 2019
<input type="checkbox"/> BAIL HEARING				to Modify Release Cond.		
18. ORDER						
CATEGORY	ORIGINAL + 1 (Original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)		E-MAIL ADDRESS quigley@dqplc.com
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
7 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>	<input type="checkbox"/>				
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).						
19. SIGNATURE /s/ Daniel J. Quigley						
20. DATE April 30, 2019						
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL		
ORDER RECEIVED		DATE	BY	PROCESSED BY		PHONE NUMBER
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		
TRANSCRIPT RECEIVED				LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		